

### The Military Chaplain as Bioethicist

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The intersection of medico-technology with the military structure poses new and problematic issues for the military chaplain. For the past decade the civilian health-care sector has struggled with life/health issues increasingly assigned moral dimensions, with the growing recognition that these issues spring in part from technological advances in medicine. Consider as an example the advent of hemodialysis in the early 60's. At that point end-stage renal failure was no longer a sure death, if the person had access to dialysis. The question then rose, in light of limited resources: "Who are selected to go on dialysis (and live)?" The flip side of that was the question as to who would not have access (and die). Since 1973 that issue largely has been resolved with many more dialysis resources available and with government subsidy. But for a time it was an agonizing process to decide who lived and who died. Health-care personnel, clergy and lay persons often formed committees to make such "moral" decisions.

That bind may be translated into the military sector in the following possibility. Current combat scenarios entertain the prospect of a short-

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term (60-90 days), limited nuclear land war, with a heavy casualty rate.<sup>1</sup> Further, with our sophisticated medical technology we can now intervene with those extraordinary life-saving measures and "salvage" trauma victims who, a few years ago, would have died soon after injury. The problem could likely arise, in light of the above scenario, that even after triaging the injured, there may still be more "salvageable" than we have resources for.

Consider the following hypothetical case situation. You are the chaplain for a Combat Support Hospital receiving the injured from a combat zone. The commanding officer (a surgeon) calls for you and says:

Chaplain, I'm in a real bind. We've got more patients than we are able to take care of. Even after we've sorted the casualties out into the "expectant" category (those who will die no matter what is done for them) and the minimally wounded (those who will likely survive without immediate massive intervention), there still are more than we can handle. To be more specific, it comes down to a choice among five soldiers. Right now, while it will still do some good, we can only provide surgery for four of them. I've got to decide who dies. And when I make that decision I want to be sure that I'm doing so on the right basis. The fact is, none of these men will be back in combat. The group is a mix of officers and enlisted, but I can't let that enter my decision. In all the confusion of the medivac we don't know who got here first. To top it off, with their massive injuries (several badly burned) we can't medically predict who is more likely to make it. The only thing I've been able to come up with is that one of the group is single. The others all have wives and children. That may be the deciding factor, but I'm not comfortable with that. Can you help me?

How would you as a chaplain respond? Would you decline the role being thrust upon you in some notion that you have nothing to offer? Would you attempt to make the decision for the CO? Would you suggest that you only could be a support person for him, listening to him, pray-

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<sup>1</sup>This information was given in an address by Chaplain (BG) Herman Norton at a chaplains' training conference directed by the 121st ARCOM, Birmingham, Alabama, January 25, 1980.

ing for him, as he makes the decision?

As a CPE supervisor who has worked with civilian and military clergy struggling with their roles and as a Reserve Component Chaplain in a Combat Support Hospital, I can imagine clergy opting for any of those possible stances. Obviously, some have more merit than others. However, I am suggesting another response, one which assists the CO to make his own decision by raising questions and helping to evaluate the consistency and integrity of the moral component in the decision. This is the role of the military chaplain as "bioethicist."<sup>2</sup>

As long as 25 years ago persons have been concerned with the conflicted role of the military chaplain.<sup>3</sup> Role conflict has been an issue among clergy in all settings, but to vest a religious specialist in the uniform of the military poses even greater strain. The chaplain, an officer designated, unlike other officers, to hold "rank without command," has had to devote considerable energy to legitimate his/her place in the military structure. This struggle has often focused on the role(s) of the chaplain. Without detailing this struggle, suffice it to say here that one of the roles roundly rejected has been that of "moral marine," i.e., one who polices the moral behavior of the soldiers and, if he/she cannot make them be good, at least set a shining example of virtuous

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<sup>2</sup>"Bioethics" is a term reportedly invented by Van Rensselear Potter, a biologist who has conducted cancer research throughout his career. He defined bioethics as a "science of survival . . . built on the science of biology and enlarged beyond the traditional boundaries to include the most essential elements of the social sciences and the humanities . . . ." Potter, Bioethics: Bridge to The Future (Englewood Cliffs, New Jersey: Prentice-Hall, 1971), pp. 1-2. The use of the term, bioethicist, will be clarified in the remainder of this paper.

<sup>3</sup>Waldo W. Burchard, "Role Conflict of Military Chaplains," American Sociological Review, Volume XIX, No. 5 (October, 1954), pp. 528-535.

behavior. As a part of this rejected role any approach related to a declaration of the rights and wrongs within the military structure has been avoided. The prophetic stance has not been a popular one.

Such a role should be rejected if in fact it involves a moralistic, judgmental approach to human behavior. But if it implies that the chaplain, as a means of finding his/her place in the structure, fails to enter into "moral" decisions, i.e., those related to fundamental values in life and death, then the proverbial baby has been discarded with the proverbial bath water. Chief of Chaplains (MG) Kermit Johnson, in a paper on "Ethics in the Military" makes this telling point:

I have reluctantly and tentatively concluded that as chaplains we are mainly interested in being pastors and priests to individual persons and small groups. Realistically we are not prophets to the institution, but at best, and only occasionally, do we engage in prophetic acts.<sup>4</sup>

Chaplain Johnson's observation bears out another dimension of the role struggle in military chaplains, viz., the avid appropriation of training in and implementation of counseling and group work. During the past 10 years the experiential approach of Clinical Pastoral Education has provided a major avenue for activating this role.

This paper is not to suggest that the role of counselor be discarded. Rather it is to strongly recommend that military chaplains consider another role dimension as a part of their total ministry. That is the role of "bioethicist." Now that may appear to be a formidable term. In this paper it simply means that the chaplain will function as an ethicist - assisting in examining moral issues and decision-making -

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<sup>4</sup>Kermit Johnson, "Ethics in the Military," unpublished manuscript, n.d., p. 9.

with specific reference to those quality-of-life situations involving the meaning of life and death, health and disease/injury, rights of persons in life and death, etc.

Chaplain Johnson suggested in his paper that the chaplain and the commander serve as an "ethical team."<sup>5</sup> His reference is broader than what I'm proposing but there is a generally close fit between the two suggestions. He suggests that this collaborative effort in examining moral issues "normalizes looking at decisions and actions to assess their ethical impact."<sup>6</sup> In other words, it places the role of the chaplain as ethicist in an integral, imbedded position in his/her total ministry in the military structure. I concur with that with specific references to bioethical issues.

Further, it should not be hastily concluded that this means that the chaplain must become proficient in "an esoteric body of knowledge that only a few specialists can really comprehend,"<sup>7</sup> if he/she is to function in this role. To be sure some study of and reflection on part of the increasing material in this area will be of value to the chaplain.<sup>8</sup> But primarily this role can grow out of two long-standing and important

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<sup>5</sup>Ibid., p. 16.

<sup>6</sup>Ibid.

<sup>7</sup>K. Danner Clouser, "Medical Ethics: Some Uses, Abuses, and Limitations," The New England Journal of Medicine, Volume CCXCIII, No. 8 (August 21, 1975), p. 385.

<sup>8</sup>With the proliferation of material in the field of medical ethics (often used interchangeably with the term, "bioethics"), I would suggest that the military chaplain become familiar with one particular journal which more than any other resource would provide a manageable entree' into this field. This journal is the Hastings Center Report, published bi-monthly by the Institute of Society, Ethics, and the Life Sciences, 360 Broadway, Hastings-on-Hudson, New York, 10706.

dimensions of the military chaplain's heritage. To more fully appreciate and exploit these dimensions will enable any chaplain to engage in ethical analysis and decision-making without having to be a specialist in the field. We turn now to examine these two dimensions.

The first of these dimensions is indicated in the biblical/theological concept of prophet. It has been concluded that this aspect of the clergy role has not received much attention in the military chaplaincy.<sup>9</sup> It may be that it is often construed as "telling off" the powers that be or in some way criticizing the structure. What I suggest is that the prophetic role has a deeper meaning. The Old Testament prophets were spokesmen who could "articulate the meaning of an eternal order . . . ." <sup>10</sup> They disclosed the "moral crisis" to which others gave little heed. The prophets sensed the "spiritual importance and moral urgency of the present." <sup>11</sup> They kept before the people and powers the basic questions of life and death, of morality and integrity. Jesus followed in this tradition. <sup>12</sup> He did not primarily rebuke people in an attempt to force them to be good. Rather he asked those questions which drove the individual back into himself and his deepest values for the answers of life. A prime example of this was the occasion on which a lawyer asked him: "Teacher, what shall I do to inherit eternal life?" <sup>13</sup>

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<sup>9</sup>Johnson, op. cit., p. 9.

<sup>10</sup>R. B. Y. Scott, The Relevance of the Prophets (New York: The McMillan Company, 1954), p. 13.

<sup>11</sup>Ibid., p. 12.

<sup>12</sup>John Wick Bowman, The Intention of Jesus (Philadelphia: The Westminster Press, 1943), p. 42.

<sup>13</sup>Luke 10:25 (quotes from the New Testament taken from the Revised Standard Version, 1952).

Jesus's response was in turn a question: "What is written in the [your?] law? How do you read [interpret it]?"

To activate the prophetic role in the chaplain's theological heritage will provide the methodological basis on which to implement the role of bioethicist in the military structure. And, as in Jesus's case, it does not mean that we necessarily impose our own values onto a situation. Rather we start with making explicit those values imbedded in the situation.<sup>14</sup>

A second dimension to be exploited in laying a foundation for doing ethics in the military is indicated in the sociological concept of the "stranger." Larry Churchill picks up this concept from sociologist Edward Tiryakian and applies it to the ethicist in professional education.<sup>15</sup> The application can also be made with an astonishingly close fit to the military chaplain. To be sure the chaplain has long struggled to become an accepted part of the structure, and with a measure of success.<sup>16</sup> But basically the hiatus still exists. The chaplain will always be on the periphery of the military establishment. He/she will always be a kind of "stranger," in the sense detailed by Churchill.

. . . strangers are those who are not grounded in a group's traditional political . . . structures; lacking such grounding, they have more mobility than the members of a group. To be a stranger is also to be unfamiliar in the taken-for-granted world of everyday life . . . . Above all, the stranger is one who lacks a precise territoriality; the stranger does not belong.<sup>17</sup>

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<sup>14</sup>Luke 10:27-28.

<sup>15</sup>Larry R. Churchill, "The Ethicist in Professional Education," The Hastings Center Report, Volume VIII, No. 6 (December, 1978), pp. 13-15.

<sup>16</sup>Johnson, op. cit., pp. 7-8.

<sup>17</sup>Churchill, op. cit., p. 14 (emphasis added).

The military chaplain may indeed exploit his/her peripheral place in the structure to become one who questions what otherwise is ignored or taken for granted in moral issues. As Churchill points out, "What makes the ethicist truly a stranger is his advocacy for normative inquiry."<sup>18</sup> In other words he/she asks what is the right thing to do in this situation, not what is politically or militarily expedient, or what is practical or what is easy. Because the chaplain is not altogether an "insider" he/she may be able to articulate a constructively critical approach to ethical dilemmas.

What I have suggested is that in the military chaplain's theological and sociological heritages lie the bases on which to shape the role of bioethicist. Now let us consider the specific tasks of the chaplain as he/she functions in this role. To do so reference will be made to the scenario at the beginning of this paper.

One of the first tasks in this role is, in Henry Aiken's terms, to distinguish the levels of moral discourse.<sup>19</sup> By this is meant to differentiate among the levels of (1) emotional response, (2) acting out of some moral code, or, (3) trying to evaluate the priority of moral values when there is a conflict. The latter level is the domain of ethics proper. Sometimes the term "moral" and "ethical" are used interchangeably.<sup>20</sup> To do so confuses the task of the ethicist. At the former level

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<sup>18</sup>Ibid., p. 15.

<sup>19</sup>Henry D. Aiken, Reason and Conduct: New Bearings in Moral Philosophy (New York: Alfred A. Knopf, 1962), pp. 65-87.

<sup>20</sup>In Kermit Johnson's paper referred to above, he uses the phrase, "ethical judgments." The context of that statement indicates that he really means "moral judgments." Johnson, op. cit., p. 17. To clarify the distinction between "ethical" and "moral," see Aiken, op. cit., pp. 220-226.



one would tell an individual what is right or wrong. At the latter level one would tell an individual how to go about deciding what is right or wrong. To apply this to our scenario the chaplain may resist the pressure of his CO simply to tell him what choice the chaplain thinks ought to be made. Instead he may help the surgeon think out some basis for making the choice that could be applied to other situations. This would avoid the ad hoc manner of making decisions, the principles of which may vary from time to time depending on expediency, the feelings of the CO, etc.

For example, in this scenario the CO may be a dedicated family man and make the decision to provide the life-saving resources for those injured persons with families, eliminating the single men. It would be important for the chaplain to help him determine whether this decision was primarily an emotional one (at what Aiken calls the "expressive" level) or based on some substantial moral code of what was the right way to choose (the "moral" level). In assisting with this analysis the chaplain would be functioning at the "ethical" level, i.e., evaluating the priority of basic values when there is a conflict.

A second task in the role of bioethicist is what K. Danner Clouser terms "structuring the issues."<sup>21</sup> That is, one teases out the "morally relevant strands of a complex situation." In the case of our scenario it would be to spell out the moral values which are operative. For example, one value would be that a husband and father is needed for the support and care of his wife and children. They need him. Another value would be that each person, regardless of status or social role, has the

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<sup>21</sup>Clouser, loc. cit.

right to life. Suppose the CO says to the chaplain:

I think I'll decide on the basis of who has a family for which they are responsible. That means the single guy will be left out. I'm sorry, but he is just not as important to society as those are who must care for their families. I just hope I'm not being influenced too much by my feelings about my own family.

The chaplain may then respond:

If that's the basis for your choice you are in fact equating the worth of any individual with his social role. Also you are assuming that to save the family men means that they will then take the proper care of their families. Or, to put it another way, the wife and children will suffer disastrous consequences if their husband and father doesn't return. [this, by the way, is a form of the classic utilitarian argument] Colonel, in view of some uncertainty on your part, have you considered another basis for choosing, say, some form of random selection?

The CO may vehemently react:

You mean something like rolling dice to see who gets left out? That kind of gambling with human life just goes against my grain! After all, we are rational human beings who ought to be able to make some rational decision about this, not leave it up to chance.

The chaplain may go on to point out that randomness as a moral principle may warrant serious consideration. It need not be viewed as merely irrational gambling with human life. Instead, in a crisis such as this one it could preserve "a significant degree of personal dignity by, providing equality of opportunity."<sup>22</sup> As James F. Childress points out:

The individual's personal and transcendent dignity, which on the utilitarian approach would be submerged in his social role and function, can be protected and witnessed to by a recognition of his equal right to be saved.<sup>23</sup>

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<sup>22</sup>James F. Childress, "Who Shall Live When Not All Shall Live?" in Ethics in Medicine: Historical Perspectives and Contemporary Concerns, S. J. Reiser, A. J. Dyck, and W. J. Curran, eds. (Cambridge, Massachusetts: The MIT Press, 1977), p. 623.

<sup>23</sup>Ibid.

Regardless of which basis on which the surgeon made the decision - and it would not necessarily be the place of the chaplain as bioethicist to insist on one or the other - it is likely that there would be more of a sense of integrity and reassurance that the significant alternatives had been considered and evaluated. Further, it would help establish a framework within which to make other decisions with moral implications.

The scenario utilized in this paper may appear extreme yet it points to increasingly difficult moral decisions growing out of medico-technological advances as these are implemented in the military. There are numerous other issues, e.g., a patient's right to be intentional about his/her death, the question of when is death, and many others. The role of the chaplain as bioethicist may be one of the more demanding roles in the near future.